INCOME AND ASSETS CHECKLIST

This form is acceptable for both City of Lansing, and MSHDA projects.

Please complete a <u>separate form for each household member who is 18 years and older</u>, and be prepared to verify items checked yes.

YES	NO			
		I am a citizen of the United States (If no, provide copy of immigration documents).		
		_ I am self-employed (List the type of jobs you do).		
		I have a job and receive money/wages (List the businesses or companies that pay you		
		I receive reparation payments from foreign governments in connection with the Holocaust.		
		I receive cash contributions or gifts including rent or utility payments, on an ongoing basis		
		from persons not living with me.		
		I receive periodic payments from Workmen's Compensation.		
		I receive military active duty allotments.		
	I receive Veteran's Administration benefits.			
		I receive G.I. Bill benefits.		
		I receive Social Security.		
		_ I receive disability or death benefits other than Social Security.		
		I receive Public Assistance other than food stamps, (ADC, SFA, SDA, RAP,		
		Stepparent Assistance).		
		I receive educational grants or scholarships.		
		I receive unemployment benefits.		
		I receive child support or alimony. If yes, is child support paid directly to		
		Social Services? Yes No No		
		I receive periodic payment from a trust, annuity or inheritance.		
		I receive periodic payments from retirement funds or pensions.		
		I receive periodic payments from lottery winnings.		
		I receive income from rental of real estate or personal property.		
		I receive income from Indian Trust Land.		
		I own real estate.		
		I own a mobile home.		
		I have personal property held for investment purposes (gems, jewelry, coin and stamp		
		collections, etc.).		
		Lhave equings account(s) at /List names of banks, gradit unions. Sovings & Loops, etc.)		
		I have savings account(s) at. (List names of banks, credit unions, Savings & Loans, etc.)		
		I have checking account(s) at. (List names of banks, credit unions, Savings & Loans, etc.)		
		Thave entering account(e) at: (Electramos of Barno, Great aniene, Savings a Esante, ote.)		
		I have time certificate(s) at. (List names of banks, credit unions, Savings & Loans, etc.)		
		(over)		

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	I have IRA's or Keogh accounts at.I have Treasury Bills.I have stocks.I have bonds.	names of banks, credit unions, Savings & Loans, etc.) (List names of banks, credit unions, Savings & Loans, etc.)	
	I have sold, given away, or otherwis	e transferred ownership of assets within the last 2	
years.	If ves, what items:		
	I pay Medicare premiums.		
	I pay medical insurance premiums,		
		ses which are not reimbursed by insurance.	
		I under 13 in order to be gainfully employed, or to further by from DSS to cover the costs? Yes	
		handicapped/disabled family member in order to be	
	gainfully employed.	Harlandappod/andablod farmly mornbor in order to bo	
	I pay handicap equipment expense	s for a handicapped/disabled family member which are	
	not covered by insurance.	ears of age or younger who has unearned income	
	(Example: Social Security)	sais of age of younger who has unearned income	
		ge of 7 years who has an identified elevated blood lead	
	level (EBL).		
	I have income/assets from sources	other than those listed above. What type? List.	
	I received Property Tax Credit from	Michigan Treasury Department.	
	I received Home Heating Credit from		
		rity numbers for all household members.	
	I receive interest or dividends.	1	
	I receive income tax credits which e	xceed my tax liability.	
	y certify that to the best of my knowledons stand that providing false information v	ge, all statements are true and correct. vill result in denial of program participation.	
Applica	nt's/Tenant's Signature:	Date:	